## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:		<u>10-03-2009</u>	Address:	4508 F., 200 S. lot # 451
Case #	<b>‡:</b>	1 <u>6F19229</u>		Kokomo, IN 46902
Count	<b>y</b> :	Howard (34)		
Type of Laboratory Scizure (check one)			Scizure Location (check all that apply)	
⊠ Ch	emic	onal Lab al/Glassware/Equipment (only) te (only)	□ Residence     □ Outbuilding     □ Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
∏ Flammable Solvents: living toom				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: <u>living room</u>				
□ Co	orrosi	ve Base:		
Ot	ther (	item and location):		
Child under age 18 discovered (check one)  Yes 0 (number present)  No  *If yes, fax report to Child Protective Services		Investigative Information  Ephcdrine/Pscudoephcdrine Tracking Log  Retail/Merchant Tip  Other:		
This report is to be faxed to the following agencies that serve the location:				
Fire I	Depai	rtment: Taylor V.F.D.	Fax: <u>765</u> Fax: ema	<u>-453-7455</u> iled
Health Department: Howard Co.				-8 <u>64-3000</u>
Child Protection Service: Howard Co.				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: T.J. Zeiser Phone 765-473-666				
<ul> <li>** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.</li> <li>*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.</li> </ul>				